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TO STUDY ABOUT THE WOMEN OCCUPATION AND AUTONOMY EFFECTS ON FERTILITY IN BILARI BLOCK, DISTRICT MORADABAD, UTTAR PRADESH

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ABSTRACT

This study aims to empirically evaluate how female autonomy affects fertility. It contends that by ensuring the basic rights of underprivileged women, improving women's access to and control over important resources, and increasing women's capacity for well-being, we not only achieve welfare goals but also encourage a decline in childbearing. The study's findings support the post-Cairo discourse that places a strong emphasis on women's health and education. The findings also point to the necessity of broadening the scope to incorporate more programmes that support women's autonomy and to utilise the whole spectrum of empowerment options. After completing middle school, women's education shows a negative correlation with their fertility behaviour in particular. The median birth interval has shrunk as women's educational attainment has increased. Illiterate mothers were found to favour sons more and have children with higher birth orders. As women's educational levels rose, so did their levels of decision-making autonomy, financial access, and freedom of mobility. This demonstrated that in Bilari Block, District Moradabad, Uttar Pradesh, women's education up to secondary education in particular can play a key influence in triggering a fertility shift and women's autonomy.

KEY WORDS: Women Occupation, Autonomy Effects, Fertility, Bilari Block, District Moradabad, Uttar Pradesh

INTRODUCTION

Nutrition and Health Education (NHED)

Crafted by the anganwadi specialist in the fields of sustenance, wellbeing, and training is one of the main parts of the Behavior Change Communication (BCC) approach, which can enable ladies in the 15-45 age bunch. Ladies will actually want to really focus on their own wholesome and formative requirements, yet additionally those of their kids and families, when these three elements are tended to.

REPRODUCTIVE AND CHILD HEALTH PROGRAMME (1997)

In the year 1994, Cairo facilitated an International Conference on Population and Development. On the fifteenth of October, 1997, the Government of India laid out the RCH Program in light of the Conference's suggestions. The objective of this program was to advance sound parenthood, further develop youngster wellbeing, and address conceptive medical problems. By 1999-2000, this drive took care of India's locale in general. The RCH Program has the accompanying exceptional highlights:

a) Integrate fruitfulness the executives, maternal and kid wellbeing, and male regenerative wellbeing.
b) To offer top notch types of assistance in light of the client's necessities.
c) To work on regenerative and youngster wellbeing offices and administration quality at the PHC and Sub-focus levels by offering all day, every day crisis conveyance and neonatal consideration. It is trusted that FRUs will be laid out at the nearby level.d) To further develop conveyance and infant care, as well as Medically Terminated Pregnancies (MTP) and IUD (Intrauterine Device) addition offices at the PHC and Sub-focus levels.
d) To essentially improve medical care administrations for the most unfortunate citizenry, who have been to a great extent barred from the arranging system. It attempts to enroll the assistance of non-administrative associations (NGOs) and other worker associations in this undertaking.

e) Improve infant care in clinics, homes, and locally to bring down child passing rates.
f) To ensure that immunization arrives at each local area in India, as well as expert paramedic conveyance and compelling antenatal and post pregnancy care.
g) To dispose of the polio infection while likewise adding Hepatitis B into the UIP bundle on a chose premise. 154 (Goel, 2005)

REPRODUCTIVE AND CHILD HEALTH PROGRAMME,PHASE II (2005-2010)

The Maternal Health Program is a significant piece of the RCH Program. The's program will probably give fundamental and crisis treatment during work and conveyance to keep fatalities from difficulties. The Mother Health Program means to diminish maternal and kid death rates by zeroing in on country medical services.

RCH-I was presented in 1997 as a feature of the ninth five-year plan, though RCH-II was presented in 2002 as a component of the tenth five-year plan. RCH Phase I showed us a great deal of significant things. RCH Phase II was explicitly intended to address the examples gained from RCH Phase I to accomplish the public long haul objectives all the more really through adaptable, reasonable, and key preparation.

REVIEW OF LITERATURE

Moonzwe Davis and partners (2020) explored the relationship between ladies' strengthening and wellbeing in low-pay areas in Mumbai, India. The examination depends on data accumulated from three review networks in Mumbai's underserved regions. As per the discoveries, strengthening capacities contrast contingent upon a lady's conceptive status. Non-pregnant ladies with higher levels of strengthening had more broad medical problems, yet pregnant ladies with more significant levels of strengthening have less pregnancy-related medical problems. This nonsensical end is made sense of in the review, which recommends that a universally characterized strengthening measure for ladies would be less useful than one that is relevantly and situationally characterized.

Godha, D., and others (2020) utilized a multi-country study from South Asia to explore the connection between kid marriage and conceptive wellbeing results and administration use. Subsequently, specialists took a gander at the connection between kid marriage and ripeness, fruitfulness the board, and maternal medical services use in four South Asian nations: India, Bangladesh, Nepal, and Pakistan. Albeit the affiliations are not generally steady across nations, the discoveries recommend that youngster marriage is essentially connected with a background marked by quick recurrent labor, current present day prophylactic use, female sanitization, not utilizing contraception before first labor, pregnancy end, accidental pregnancy, and lacking utilization of maternal wellbeing administrations. Furthermore, ladies who wed in their initial youth or youth have a higher proclivity for the majority of the ominous results than ladies who wed in their center puberty. The investigation discovered that youngster marriage sets ladies in a weak position, prompting unfortunate fruitfulness control and ripeness related results, as well as low maternal medical care usage.

N. Mkwanazi and partners (2020) explored the points of view of moms and wellbeing laborers in a provincial South African kid cordial wellbeing drive. As per the report, able conveyance participation is a fundamental measure in following advancement toward Millennium Development Goal 5, which requires a 3/4 decrease in maternal demise somewhere in the range of 1990 and 2015. As well as getting proficient consideration, moms ought to convey their babies in a protected and clean climate, where lifesaving gear and sterile conditions can help bring down the gamble of entanglements that could bring about death or disease for both mother and youngster. In light of a cross-sectional review led in a field practice region of a clinical school from January to April 2013, the concentrate likewise meant to break down the socio-segment qualities connected with spot of conveyance. The review included 400 wedded ladies younger than 45 who had brought forth somewhere around one youngster in the earlier year. As per the discoveries, the mother's instructive level, financial foundation, and religion are immensely significant determinants of where she conceives an offspring. To bring down the quantity of home conveyances, ladies' instructive levels and familiarity with the Janani Surkasha Yojana ought to be raised.

In their review, Kumar, Meenal, and Kumar, R. (2012) attest that separation in wellbeing treatment during the pre-birth time frame and after labor is notable, especially among poor people and ignorant. They drive for more review into successful mediations all through basic periods for working on the mother's wellbeing by giving admittance to excellent medical care.

The objective of the Reproductive and Child Health Program (RCH II) in Uttar Pradesh, as per a 2006 report by the Department of Public Health and Family Welfare, Uttar Pradesh116, is to work on the soundness of ladies and youngsters, especially those from the most fragile pieces of society. This is tried to be done through working on quality and access conceptive and kid medical services.

As per the Garg, Suneela, and Nath, Anita (2012) study, different public projects pointed toward working on the soundness of people living in towns have been sent off. In India's towns, the NRHM tries to give widespread admittance to great medical services at low expenses. The mission will put a particular accentuation on ladies and kids, as well as the most unfortunate citizenry.

As per Mahto, Ram Narayan (2012), there are wellbeing examination offices open, but ladies resort to Dhami/Jhakri in the encompassing village when they are debilitated because of an absence of cash and mastery. Accordingly, better essential medical care administrations are expected to decrease mother and youngster mortality.

As per Deshpande, R.V. (2011), female activists working under the ASHA framework ought to put forth more grounded attempts to ask ladies to conceive an offspring in a medical clinic. Those accountable for the program and those on the ground should treat it in a serious way to limit, however much as could be expected, all clinical issues that put ladies' lives in extreme danger previously, during, and after conveyance, especially among ladies from SCs and STs and those living in destitution. Then and really at that time will the point of lower mother and infant mortality be accomplished.

Sharma, J.K., and Narang, Ritu (2011) utilized the Haddad scale to show that individuals' perspectives change concurring on the local area they had a place with and where they resided, and that there was likewise a distinction in the nature of medical services habitats in various areas. The

Haddad scale could consequently be valuable in analyzing contrasts in view of medical services quality in India's open country and urban areas, as well as evaluating individuals' perspectives about confidential medical services places in different areas. Subsequently, they ask the public authority and policymakers to incorporate the points of view of patients while creating arrangements. This will bring about a subjective contrast in medical care administration quality, which will prompt expanded usage.

In their review (2011), Kumar, Anurag, and others analyzed the amount and nature of wellbeing administrations gave in Uttar Pradesh towns under the aegis of the NRHM. The state of static and dynamic framework, the strength of utilized paramedical, specialized, and clinical staff, their participation and orientation proportion, the quality, reach, and accessibility of medications, the accessibility and utilization of assets at wellbeing focuses, and the quantity of indicative labs were undeniably assessed.

As indicated by Taneja, D.K. et al. (2011), Delhi, the National Capital, is confronting populace development issues, principally in light of the fact that to movement from different states. Ghettos house almost 33% of the city's populace and have restricted admittance to RCM administrations. Wellbeing administrations should be accessible to the whole populace, in addition to a limited handful. Individuals focused medical care is required. Fetus removal and conveyance administrations should be general, covering the rich as well as the most unfortunate citizenry. For ghettos, unique plans should be planned.

RESULTS AND DISCUSSION

WOMEN OCCUPATION AND AUTONOMY EFFECTS ON FERTILITY INMORADABAD DISTRICT

Various studies have suggested that women's occupations and autonomy have an impact on the area's fertility rate. Women's jobs affect their economic standing, and several studies have shown a link between women's economic attributes and population fertility (Saxena, 1965). Working women put off marriage because unmarried women have a better financial status and want to extend their

single life compared to non-working women (Cho & Kong, 1988). Working women have more autonomy as a result of their economic independence. When compared to medium educated individuals who have the least likelihood of finding work, the most educated and least educated are more likely to have a job. Pecharamuni used multiple classification analysis to investigate the relationship between Thai women's occupation and fertility in 1982. The findings revealed that housewives, salespeople, and agricultural employees have higher fertility rates than service, clerical, and professional workers (Pecharamuni, 1982).

Occupation is an essential demographic feature of a location. The structure of occupation is determined by the area's education, natural resources, and vocational and industrial mix. Women's autonomy grows as their occupational standing rises. The type of the respondents' occupations determines the family's income, as well as women's autonomy. The population fertility of that region under investigation as a result of occupation and women's autonomy.

TABLE-1: RURAL WOMEN OCCUPATIONAL CATEGORIES

Age Group	**AWL**	**ARDC**	**CUL**	**NAWL**	**RS/WE**	**Others**	**Total**
15-19	0	63	1	9	0	0	73
20-24	4	137	2	12	1	2	158
25-29	5	124	2	17	3	1	152
30-34	3	95	0	21	2	4	125
35-39	0	67	3	14	0	3	87
40-44	0	47	0	13	0	0	60
45-49	0	28	0	8	3	4	43
Total (15-49)	*12*	*561*	*8*	*94*	*9*	*14*	*698*

Source: Calculated by the author from field survey

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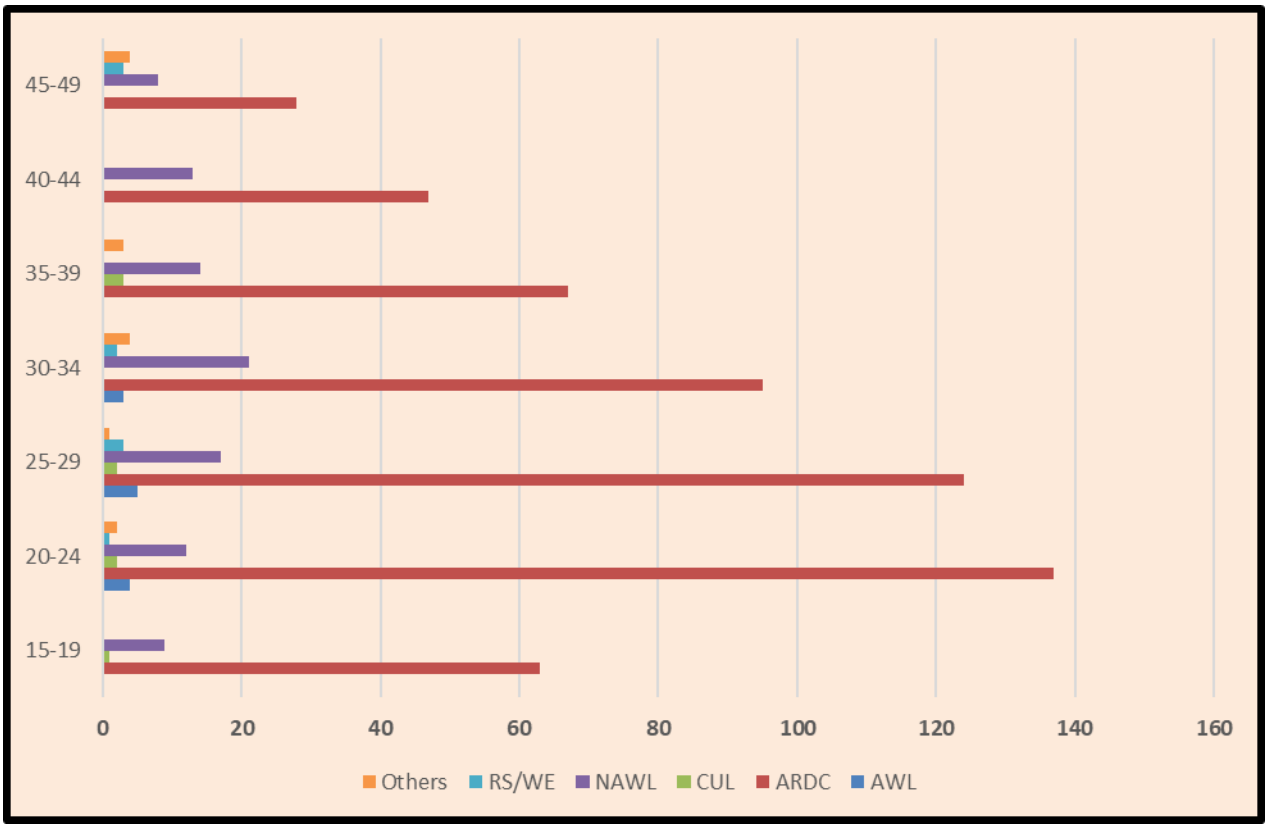

FIGURE-1: RURAL WOMEN OCCUPATIONAL CATEGORIES

Greater-paying jobs have higher income levels, and the hierarchy of occupations is inversely proportional to the length of time spent working. Occupational status, on the other hand, was inversely proportional to the respondent's education and industrial training. Respondents in their late twenties who are highly educated and skilled work for a shorter period of time and have more autonomy. Agriculture workers, household chores, cultivators, non-agricultural employees, regular wages, and others are the six occupational groups used to categorize respondents in this study.

OCCUPATION AND FERTILITY

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Agricultural labor has been recognized as a female employment in rural places. Though the male respondents in both rural and urban areas choose agricultural labor as a means of subsistence. The majority of women in the Moradabad area work at home as housewives. It indicates that women in that district have a lesser status. Non-agricultural women workers receive extremely little money, and the majority of them are uneducated. Regular income earning women, on the other hand, are well educated and make a large salary.

TABLE-2: URBAN WOMEN OCCUPATIONAL CATEGORIES

Age Group	**ARDC**	**NAWL**	**RS/WE**	**Others**	**Total**
15-19	19	0	0	0	19
20-24	33	0	0	0	33
25-29	38	1	0	1	40
30-34	25	7	3	1	36
35-39	25	6	2	1	34
40-44	20	2	0	0	22
45-49	15	3	0	0	18
Total (15-49)	*175*	*19*	*5*	*3*	*202*

Source: Calculated by the author from field survey.

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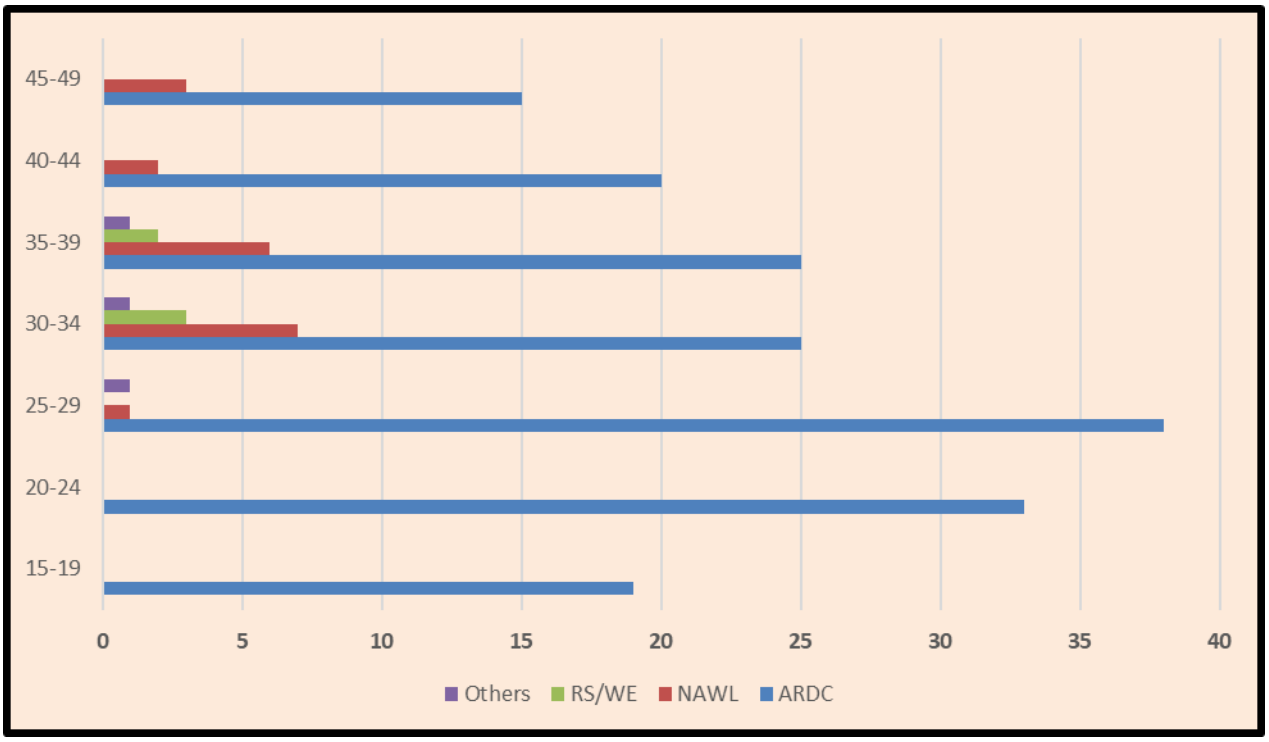

FIGURE-2: URBAN WOMEN OCCUPATIONAL CATEGORIES

In the case of urban women, non-agricultural labor earns a decent wage and ensures a higher social status. Women who worked in agriculture and cultivated land had more children because they saw children as a source of labor and revenue. In the research region, agricultural workers, household duties, cultivators, and non-agricultural wage laborers with low wages or earnings had high fertility. In the Moradabad district, however, high income earning (regular salary earner) women respondent had low fertility.

TABLE-3: FERTILITY RATE (MCEB) AMONG WOMEN OCCUPATIONAL CATEGORIES IN MORADABAD DISTRICT

	AWL	ARDC	CUL	NAWL	RS/WE	Others	Total
Rural	3.75	3.24	4.25	4.57	2.67	4.86	3.48
Urban	0.00	2.78	0.00	4.21	2.00	5.67	2.94

Total	3.75	3.12	4.25	4.51	2.43	5.00	3.36

Source: Calculated by the author from field survey.

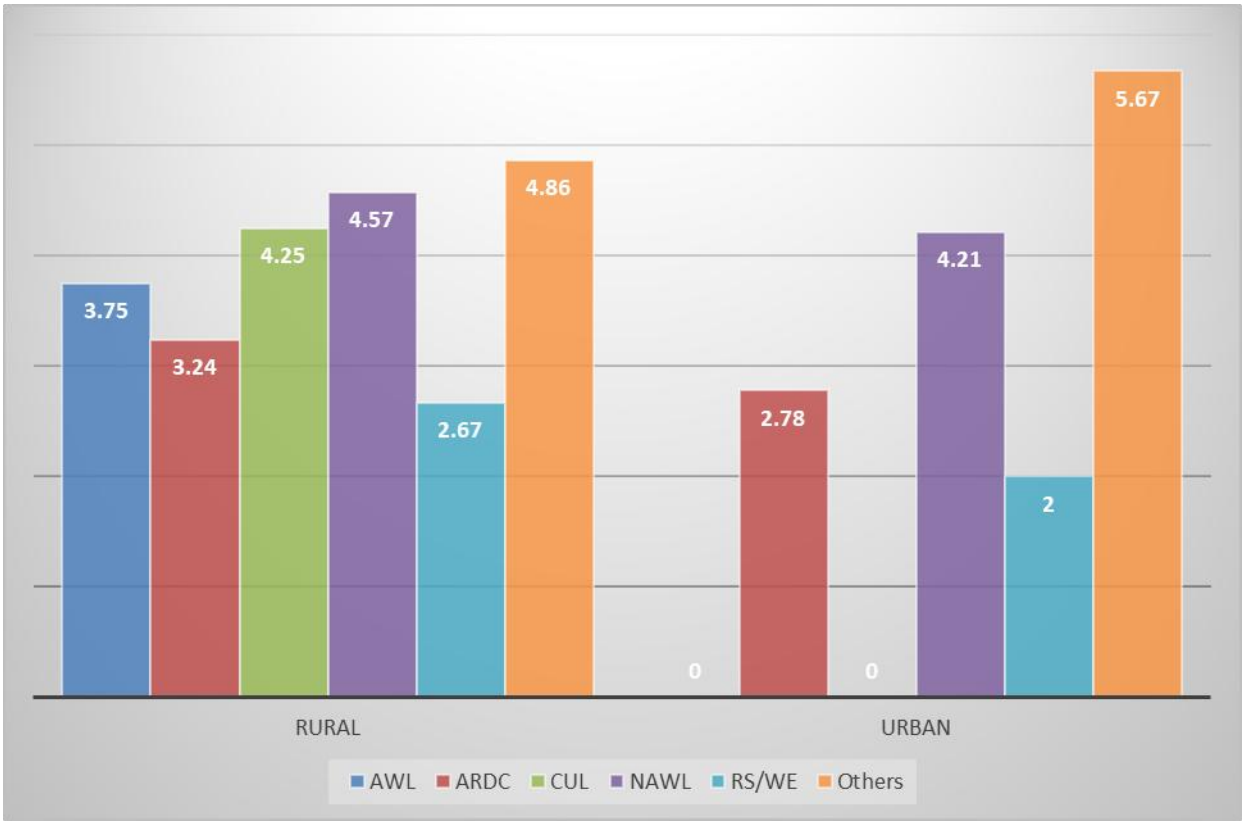

FIGURE-3 FERTILITY RATE (MCEB) AMONG WOMEN OCCUPATIONAL CATEGORIES IN MORADABAD DISTRICT

The graphic depicts a schematic link between women's job and fertility, which was created using literature (Risa and Takayuki, 2009 and Madalozzo, 2012). This figure demonstrated that in low gross domestic product countries, female work force participation increased with low wage rates, resulting in high fertility rates, whereas in high gross domestic product countries, female work force participation is high with higher wage rates, resulting in lower fertility rates. Women's employment participation and salary per woman in Moradabad district are in the early stages, as a result of the district's high fertility rate.

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TABLE-4: RELATION BETWEEN WOMEN AUTONOMY INDEX AND FERTILITY

Women Autonomy Index	Fertility (MCEB)
Low	3.87
Medium	3.47
High	2.69

Source: Calculated by the authors based on field survey

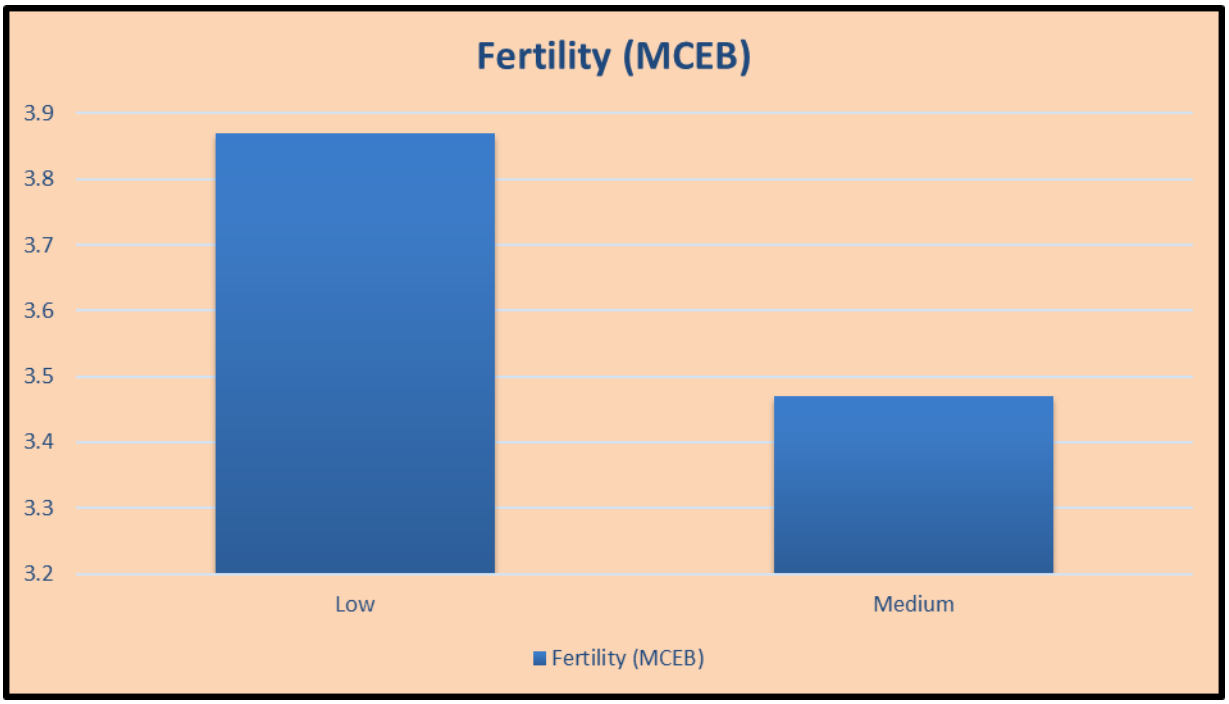

FIGURE-4 RELATION BETWEEN WOMEN AUTONOMY INDEX AND FERTILITY

Women's autonomy and fertility were shown to have an unfavorable relationship in this research. Women with higher levels of autonomy have lower fertility (MCEB 2.69), whereas women with moderate autonomy have 3.47 children ever born. In the district, lower autonomy women have an extremely high fertility rate (MCEB 3.87).

CONCLUSION

Gudbrandsen conducted research in Nepal and discovered that women with more autonomy had fewer children than women with less autonomy. Dyson and Moore discovered in 1983 that south Indian women had more autonomy and lower fertility than their counterparts. The conscious mind of the respondent helps to limit fertility by giving women agency in decision-making. The five decision-making powers of women, i.e., household items, healthcare for yourself, healthcare for children, send child to school, and visit to relative's house, were used to create the Women Autonomy Index. In the district, the majority of respondents (59.33 percent) fall into the lower autonomy group, while 30.11 percent of women go into the medium autonomy category, and just 10.56 percent of women fall into the greater autonomy category.

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